

Domicile Vehicle Request Form

This form must be filled out in accordance with A&F Bulletin 10 (Revised 07/2016)

Driver Responsible for Vehicle (First and Last Name):			
Agency:		Title:	
Email:		Phone:	
Today's Date:		Year of Domicile Request:	

The vehicle will be parked during off-duty periods at the following location (address, city, state):	
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Vehicle Make and Model:		Year:	
Plate Number:		VIN:	

Check all that apply:

A. Emergency Responder Requiring Special Purpose Vehicle or Special Equipment	In order to qualify for this reason, you must be a first line responder (employee is among those responsible for going immediately to provide assistance) to off-duty emergencies (an unexpected situation that calls for immediate response or action of which the employee does not have advance notice) AND require use of a special purpose state vehicle or special equipment that is part of or kept in the state vehicle AND have at least 12 examples of emergencies handled in the previous year.	<input type="checkbox"/> I am applying for a domicile assignment for this reason
	Explanation of role as first line responder and need for special purpose vehicle or special equipment:	
	Twelve (12) examples of off duty non-notice emergencies handled in previous year (fill out all boxes below):	
Date (mm/dd/yy) and Start and end time (xx:xx am/pm) of emergency	Description of incident (must be off-duty emergency of which you did not have advance notice and required the use of special purpose state vehicle or special equipment that is part of or kept in the state vehicle) (please attach additional pages if necessary)	Location of Incident (city or town name)
1.		
2.		
3.		

Or

C. Exception to Either Circumstance Above	If you are requesting a domicile assignment and do not meet either of the two situations above.	<input type="checkbox"/> I am applying for a domicile assignment for this reason
Justification for exception (please attach additional documentation if necessary):		

Signatures:

☐ By signing below I hereby certify that I have read and agree to abide by the *OVM Policies & Procedures Manual* and A&F Administrative Bulletin #10. I understand that Domicile Assignments can be revoked at any time by the Executive Office for Administration and Finance.

Driver

Signature:_____ **Date:**_____

☐ By signing below I hereby confirm that the driver of this vehicle has been provided with a copy of the *OVMS Policies & Procedures Manual* and A&F Administrative Bulletin #10.

Employee's Manager

Signature: _____ Date: _____

Prior to sending the completed form to OVM, each agency must have written approval from the Cabinet Secretary.

☐ **Cabinet Secretary**

Signature: _____ **Date:** _____

FOR OVM USE ONLY

☐ **OVM Fleet Administrator**

Signature: _____ **Date:** _____

OVM Fleet Administrator will provide signed forms to the Secretary of A&F for approval. The OVM Fleet Administrator will provide notification to secretariats and agencies of A&F determinations.